



City of Santa Barbara  
Building & Safety Division  
**Access Compliance Documentation Form**

Community  
Development  
630 Garden Street  
805-564-5485

\_\_\_\_\_  
**Project Address** **BLD** \_\_\_\_\_  
**Case Number**

**CALIFORNIA BUILDING CODE SECTION 1134B. Accessibility for existing buildings.**

All existing buildings and facilities, when alterations, structural repairs or additions are made to such buildings or facilities, shall comply with all provisions of Division I, New Buildings, except as modified by this Division. These requirements shall apply only to the area of specific alteration, structural repair or addition, and shall include: the primary entrance, the path of travel to the area of work, restrooms serving the area of work, drinking fountains and public telephones serving the area.

**Exception:** Where the total cost of the project does not exceed the current valuation threshold (*call for the current figure*) and the cost of providing these features is in excess of 20% of the project valuation, access shall be provided to the maximum extent possible without incurring disproportionate cost; that is, where it exceeds 20% of project cost.

**INSTRUCTIONS:** Applicant shall fill in the above blanks as applicable and in the amounts determined  
AFTER FILLING OUT THE BACKSIDE OF THIS FORM.

1. The cost of all proposed construction. \$ \_\_\_\_\_
2. The cost of construction multiplied by (.2). This threshold amount \$ \_\_\_\_\_  
is used to determine if "an unreasonable hardship exists".

*Please give detailed estimates for removing architectural barriers outside the area of work. Or, identify them as meeting current standards subject to verification and approval in the field by a City Inspector.*

***Existing compliance is required to be shown and/or noted on plans.***

- |    |  | Existing<br>Area<br>Complies      |
|----|--|-----------------------------------|
| 3. | An accessible entrance. ( <i>into the structure</i> )<br>(See back page for details if needed)   | \$ _____ <input type="checkbox"/> |
| 4. | An accessible route to the altered area.<br>(See back page for details if needed)  | \$ _____ <input type="checkbox"/> |
| 5. | At least one accessible restroom for each sex.<br>(See back page for details if needed)  | \$ _____ <input type="checkbox"/> |
| 6. | Accessible telephone and drinking fountains.<br>(See back page for details if needed)  | \$ _____ <input type="checkbox"/> |
| 7. | When possible, additional accessible elements such as more<br>accessible parking, storage and alarms.<br>(See back page for details if needed) | \$ _____ <input type="checkbox"/> |

**The total cost of providing accessible features.** \$ \_\_\_\_\_  
(Add lines 3 through 7, and if this sum is greater than line 2, "an unreasonable hardship" may exist)

I, the undersigned, certify that the above costs are based upon a valid estimate by a qualified person or firm and existing compliance is based upon a site inspection by a qualified person or firm.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

ITEMIZED COST ESTIMATE OF DISABLED ACCESS IMPROVEMENTS REQUIRED FOR FULL COMPLIANCE

**3. PRIMARY ENTRANCE**

NEW DOOR	\$ _____	LEVER HARDWARE	\$ _____	OTHER	\$ _____
DOOR SIDE CLEARANCE	\$ _____	DOOR THRESHOLD	\$ _____		
ACCESS SIGN	\$ _____	DOOR KICKPLATE	\$ _____		
<b>TOTAL COST OF IMPROVEMENTS FOR PRIMARY ENTRANCE</b> \$ _____					

**4A. PATH OF TRAVEL**

ENTRY DOOR LANDING	\$ _____	ACCESS RAMP	\$ _____	REMOVE PATHWAY	
CURB RAMP	\$ _____	RAMP HANDRAILS	\$ _____	OBSTRUCTIONS	\$ _____
LEVEL SIDEWALK	\$ _____	CURB/WHEELGUARDS	\$ _____	OTHER	\$ _____
<b>TOTAL COST OF IMPROVEMENTS FOR PATH OF TRAVEL</b> \$ _____					

**5. RESTROOMS**

ENLARGE ROOM	\$ _____	MODIFY FIXTURES	\$ _____	NEW DOOR	\$ _____
LEVER HARDWARE	\$ _____	DOOR SIGNS	\$ _____	GRAB BARS	\$ _____
RELOCATE FIXTURES	\$ _____	RELOCATE ACCESS.	\$ _____	OTHER	\$ _____
PROVIDE 2 <sup>ND</sup> RESTROOM	\$ _____	LAV INSULATION	\$ _____		
<b>TOTAL COST OF RESTROOM IMPROVEMENTS</b> \$ _____					

**6. TELEPHONE/DRINKING FOUNTAIN**

NEW DRINKING FOUNTAIN	\$ _____	NEW PUBLIC TELEPHONE	\$ _____
RELOCATE (E) FOUNTAIN	\$ _____	RELOCATE (E) TELEPHONE	\$ _____
<b>TOTAL COST OF TELEPHONE/DR. FOUNTAIN IMPROVEMENTS</b> \$ _____			

**7. ADDITIONAL ELEMENTS**

MODIFY SWITCHES/OUTLETS/CONTROLS	\$ _____	OTHER	\$ _____
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**7.B. PARKING**

NEW STRIPING	\$ _____	RESTRIPE EXISTING	\$ _____	OTHER	\$ _____
PARKING STALL SIGN	\$ _____	STRIPE VAN UNLOAD	\$ _____		
<b>TOTAL COST OF IMPROVEMENTS FOR PARKING</b> \$ _____					
<b>TOTAL COST OF ADDITIONAL ELEMENT IMPROVEMENTS</b> \$ _____					

**TOTAL COST OF ALL DISABLED ACCESS IMPROVEMENTS** \$ \_\_\_\_\_